

board and as the associate treasurer, and he served as the training committee chairman and as a member of the advisory committee for the California Commission on Peace Officers' Standards and Training.

Locally, the sheriff was instrumental in guiding county policy for the development of the Southwest Justice Center, including a jail and sheriff's station. In September 1989, Sheriff Byrd officially opened the Robert Presley Detention Center, which was the first major correctional facility constructed in the county in 50 years. The project came in on time and under budget, demonstrating the tight-fisted budgeting and fiscal conservatism that Cois Byrd always practiced as our sheriff.

But, perhaps more important than his expertise at working with the board of supervisors, State law enforcement organizations, and other community groups, or even his superb management skills, what made Cois Byrd such an outstanding sheriff was his ability to motivate his deputies and other department staff. In spite of the rapid growth of the sheriff's department, Cois always made it a practice to personally meet each graduating class of deputies from every training academy—and, he maintained a good, close working relationship with the civilian employees.

While building one of the largest and most respected sheriff's departments in the Nation, Cois also found time to participate in numerous civic activities, including serving faithfully as a volunteer for the Boy Scouts and sponsoring an explorer program. While we will miss Cois as our sheriff, we are delighted that he will continue to provide his law enforcement expertise at the Crime Control Technology Center at the University of California, Riverside, school of engineering. And, we are especially grateful that he and his wife, Evelyn, will remain in our community.

It is a great pleasure for me, on behalf of the citizens of California's 43d Congressional District, to congratulate and thank Sheriff Cois Byrd for many years of dedicated service to the Riverside County Sheriff's Department and to wish Cois and Evelyn continued good health and happiness, and much success in their new endeavors.

## MENTAL HEALTH

### HON. LEE H. HAMILTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 4, 1995*

Mr. HAMILTON. Mr. Speaker, I would like to insert my Washington Report for Wednesday, Nov. 2, 1994 into the CONGRESSIONAL RECORD.

## MENTAL HEALTH

One challenge facing our country is improving mental health care. Fewer than 40% of those who have ever suffered from a mental disorder received treatment, despite significant progress in developing successful remedies. The federal government devotes resources to research and treatment.

What is mental illness? Mental disorders have intertwined biological, psychological and environmental roots. Many tend to recur throughout a person's lifetime. Most mental illness (other than alcohol or drug abuse) fall into one of three categories:

Mood disorders—While everyone has changes in mood, some people experience

periodic disturbances, the most common of which is depression. Persons with major depression have a persistent feeling of sadness, often accompanied by insomnia, intense guilt feelings, or recurrent thoughts of death or suicide.

The other major mood disorder is manic-depressive illness, in which people alternately experience periods of extreme euphoria and major depression. The manic phase of the disease may be marked by hyperactivity, irritability, decreased need for sleep, and loss of self-control and judgment.

Anxiety disorders—Fear and avoidance behavior are the characteristic symptoms of these disorders. A person with panic disorder has sudden, recurring attacks involving an irrational sense of imminent danger accompanied by physical symptoms such as heart palpitations and shortness of breath. Obsessive-compulsive disorder involves repeated, intrusive, unwanted thoughts that cause distress and anxiety, often accompanied by a compulsive ritual, such as hand-washing or cleaning.

Schizophrenic disorders—Persons with schizophrenia do not have multiple personalities. One of the most debilitating mental illnesses known, schizophrenia is characterized by distorted thinking, delusions, hallucinations, and withdrawal from the outside world.

Who suffers from mental illness? Recent studies found that 28 percent of adults will suffer a mental disorder in any one year; five percent of them a severe disorder. Almost a third of adults will have a mental illness during their lifetime. While the overall rates of major mental disorders do not differ for women and men, some are more common in one or the other. Mental illness can strike at any age.

How are mental illnesses treated? Treatment may include medication, psychotherapy, hospitalization, or a combination of these. Recent research has yielded discoveries of several new drugs to treat mental illnesses. Today, most who suffer from severe mental disorders can be treated successfully.

What is the cost of mental illnesses to the nation? In 1991, the cost totaled just over \$136 billion (not including alcohol and drug abuse). The biggest cost associated with mental illness is lost productivity. This is true in part because mental illness often strikes people at the beginning of their working years, in part because many people with mental disorders do not get treatment.

What is the federal government's role in mental health care? The federal government plays a major role in research into causes and treatments of mental disorders, primarily through the National Institutes of Mental Health, Drug Abuse, and Alcohol and Alcoholism. Congress has provided \$1.3 billion for these efforts in 1995. In addition, the federal government will provide \$2.1 billion in 1995 for mental health treatment and substance abuse prevention.

Congress has also established specific programs for providing mental health services to homeless individuals. An estimated one-third of the homeless population in the U.S. suffers from serious mental illnesses, and 30 to 60 percent of the homeless mentally ill also are substance abusers.

While it did not receive as much attention as other aspects of the health care reform debate, discussion was given to expanding mental health coverage. Most private health insurance plans do not offer identical coverage for mental illnesses and other ailments, nor does Medicare. For example, almost 80% of large- and medium-sized businesses which provide health insurance had more restrictive hospital coverage. Many plans put lower limits on lifetime expenses and outpatient coverage.

Critics of expanding coverage for mental disorders argue that they lack clear diagnostic criteria, potentially leading to coverage for almost any problem. They believe that too much money would be spent treating the so-called "worried well," who are not in serious need of help. They also assert that mental illnesses often cannot be treated effectively.

Advocates for expanded coverage assert that mental illnesses are as definable, diagnosable, and treatable as other disorders. They also contend that the lack of private insurance coverage puts an unfair burden on the public, which currently pays for over half of all mental health treatment. Finally, they argue that the cost of not providing adequate mental health care coverage is ultimately higher than providing it.

It is hard to determine what shape the health care debate will take next year, but the issue of mental health coverage will not go away. I believe we must work toward a health care system that provides adequate mental health and substance abuse services. This will not come easily or cheaply. Both private and public health care plans should phase in coverage, allowing time to develop the capacity to deliver and manage a more comprehensive mental health and substance abuse benefit. Eventually these plans must include treatment in a variety of environments, ranging from inpatient hospital to community and residential treatment. States must be given wide flexibility to promote and encourage these plans. I do not underestimate the difficulty of this task, but neither do I find acceptable the view that because of the problems we should exclude coverage for the mentally ill.

In addition, the federal government should continue to support research and treatment that can return mentally ill individuals to healthy, productive lives.

## IT IS TIME FOR THE SOCIAL SECURITY EARNINGS TEST TO GO

### HON. BILL EMERSON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 4, 1995*

Mr. EMERSON. Mr. Speaker, America has always stood as a shining example of opportunity for the rest of the world. But today, in the United States, opportunity for senior citizens is severely limited.

Fifty-nine years ago, when the Social Security System was launched, unemployment was as high as 25 percent. The earnings test of the Social Security Act was a conscious attempt by Congress to discourage the elderly from working and thus create jobs for younger Americans.

Times have changed dramatically since the 1930's, and as we head toward the 21st century it seems only just that Congress change this discriminatory policy. In the 102d Congress, the House of Representatives passed a version of the earnings limitation repeal. To my dismay, this provision was later stripped from the legislation.

It is now up to the 104th Congress to finish the work. The Contract With America, which the public overwhelmingly endorsed in the November elections, includes a repeal of the Social Security earnings test. The public support is clear, and I urge my colleagues to make this the year we stop penalizing the work of seniors with some of our country's highest